

GUAM ELECTION COMMISSION

Kumision Ileksion Guåhan

P.O. Box BG • Hagåtña, Guam 96932 Tel: (671) 477-9791/2 • Fax: (671) 477-1895





DATE

VOLUNTEER VOTER REGISTRAR APPLICATION

QUALIFICATIONS:

NOTE:

- 1. Must be a registered voter of Guam;
- 2. Must not be holding an elective office;
- 3. Must not be a candidate for office:
- Must not be an immediate relative of an elected official or candidate. (Immediate relative means: mother, father, son, daughter, wife, husband and in-law);
- 5. Must be able to follow instructions;
- Must be able to attend an instructional seminar; 6.
- 7. Must be able to pass a standardized examination of the elections laws; and
- Must not be a Director or Deputy Director of the Executive Branch, Administrative 8. Director or Assistant Administrative Director of the Legislative or Judicial Branch.

IF YOU DO NOT MEET THE QUALIFICATIONS LISTED ABOVE, THEN YOU SHOULD NOT FILL OUT THIS FORM. NAME: MAILING ADDRESS: SS#: _____ DATE OF BIRTH: HOME: WORK: PHONE: EMPLOYER: OCCUPATION: EMPLOYER'S MAILING ADDRESS: Party Affiliation _____ 1. District in which registered to vote 2. State position and year of work experience with the Guam Election Commission. 3.

SIGNATURE